





# BULLETIN

OF THE

## Harvard Medical School Alumni Association



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THE CLUB ARRANGEMENTS  
AT VANDERBILT HALL.

THIRD-YEAR CURRICULUM  
IN THE MEDICAL SCHOOL

THE MEMBERS OF THE  
CLASS OF 1910 REPORT

*January, 1930*

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PUBLISHED BY THE HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION  
BOSTON, MASS.



X-Ray photo of hand showing severe rickets

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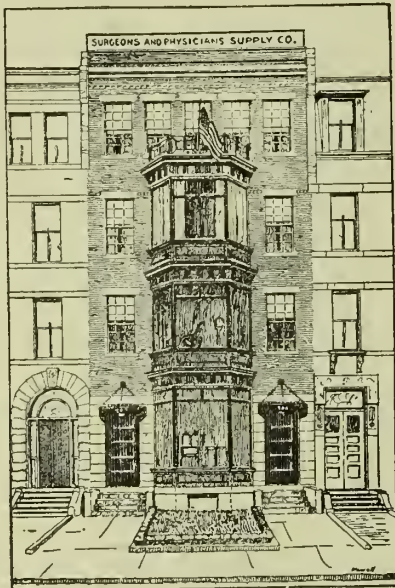
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## THE VANDERBILT CLUB

How unfortunate that the word "Club" and the expression "Club Dues" should have ever been applied to Vanderbilt Hall! And yet the word "Club" and the club scheme originated and developed in a perfectly innocent and logical way, as Dr. Edsall points out in his article on another page. Surely no exclusiveness of membership in this particular club was ever intended or implied in the original plans. To pay his dues, any student can borrow the \$10 and surely he can pay the fifty cents annual interest even if the money is for "club dues" rather than for "better food."

It is the word "club" which is irksome. "Club dues" do not seem just or reasonable "when," as Dr. Garland writes, "we consider again the original democratic purpose for which the Dormitory was assumed to have been created."

If there are a few non-members among

the student body who believe they are excluded either from the living room or from the gymnasium and squash courts, that is unfortunate, because, of course, the Dormitory was provided for all the students and all of them can use it. It is only the dining room which is now restricted to those who have paid their \$10 for "club dues."

Surely the word "club" can be eliminated. It is wholly desirable that a student committee should draw up the rules and administer them. Let this committee study once more the deficit of the dining hall. This deficit can be met in several ways and one of them is this: Let the casual customer pay for his meal at a full rate, but let the regular patron buy a ticket which will entitle the holder to the same meals but at a considerably lower rate which will save him money in the long run. Sell the ticket to students, instructors, and graduates. Some of the graduates will buy it to use;

others will buy it simply to help the good cause.

Call the ticket a "Vanderbilt Hall meal ticket" or a "Vanderbilt Hall food check" but do not under any circumstances call it "Vanderbilt Club dues."

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#### REPORT OF THE CLASS OF 1910

The twentieth report of the Harvard Medical School Class of 1910 deserves more than casual notice. There are only fifty names, whereas now the graduating classes are limited to 135 men. But these fifty graduates have done well. Two are full professors of medicine and four others hold high academic positions in one or another of the medical sciences. The other forty-four are practitioners divided fairly evenly between medicine and surgery. It is interesting that only five men in the entire group fail to indicate a connection with some hospital. The surgeons are necessarily connected with hospitals, but it is good to know that fourteen of the seventeen general practitioners also have a hospital connection.

It is unfortunate that two men are "lost." Here's hoping they will appreciate that someone in Harvard does care where they are and what they are doing; that they will "find" themselves soon.

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#### A CLINIC INFORMATION SERVICE

The attention of the readers of the BULLETIN is called to the new service which has been inaugurated by the Harvard Medical School Alumni Association for the convenience of its members. It is felt that many of our graduates who come to Boston for a visit to the clinics are so perplexed by the multiplicity of the hospitals and the complexity of their schedules that they are at a loss to know how to spend their time most profitably. A central bureau of information, where the latest schedules of

clinics, operating schedules, and ward rounds in the chief Boston Hospitals is always available, should be of great value to these men. Physicians contemplating a clinical visit to Boston are urged to write in advance to the Association, stating the field of medicine or surgery in which they are particularly interested. They will then be furnished with exact data as to the hours and locations and personnel of the various clinics, etc., so that they can arrange their visit with a minimum of wasted time and effort. All visiting graduates are cordially invited to take their meals at Vanderbilt Hall where they may come into more intimate contact with the life of the Medical School.

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#### CORRESPONDENCE

The Officers of the Association and Members of the Council endorse the general principle of publicity. Believing that exchange of ideas among alumni, Faculty, and administration officers in the pages of the BULLETIN will be stimulating and helpful to all concerned in the welfare of the Medical School, they have decided to reserve space in each issue for correspondence pertinent to affairs of the School. Signed letters from any alumnus or officer of the School will be printed here without comment, and no editorial policy will be expanded in this column. They urge free use of this opportunity to voice opinions and gather information.

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#### SUPPORT

Simultaneously with this issue of the BULLETIN, the Treasurer is sending out appeals for support to those who have not contributed to the Harvard Medical School Alumni Association this year. Remember there are no fixed dues or subscriptions. The existence of the Association and the BULLETIN depends entirely on your generous response to these annual appeals.

# Club Arrangements at Vanderbilt Hall

## A Statement by Dean Edsall

VARIOUS persons interested in the Medical School and in Vanderbilt Hall have asked details concerning the Club arrangements at Vanderbilt Hall and the reasons for adopting that plan. All those engaged in the direct activities of the School, teachers as well as students, were kept aware of the whole matter through the extended discussion last year of the critical situation that led to this action and of the various ways that were suggested to meet it, but it is quite natural that many alumni and friends should be uninformed. It seemed that they might be sufficiently interested in the conditions that led up to this and the results that appear to have been obtained to make it desirable to state in the MEDICAL ALUMNI BULLETIN something of the history of the matter and the actual important details of what has been done.

Extremely serious difficulties had to be met and at present it looks as if they were pretty well eliminated.

It should be recognized that the Club system does not involve the student rooms. They are rented, just as was previously done, without regard to the existence of a Club. The great thing that led to the development of the Club plan was the necessity of overcoming a large deficit from the operation of the Dining Hall. From the beginning, meals have been taken there individually, and checks signed for each meal by everyone, students and others. This has been an extremely pleasant method for everyone, wholly free of any element of compulsion as to the number of meals to be taken there, or indeed as to eating there at all, and very convenient for the many who wished to eat there at times and somewhat irregularly, but not to bind themselves to pay for all meals or any considerable number of meals. Very generous and attractive meals have been provided at prices that were less than it was possible to get else-

where with the same attractive quality, pleasant service, and adequate nourishment. The prices, however, were based upon the assumption that there would be an average of about 250 persons served at each meal. Unless about that number was served there would certainly be a deficit or it would be necessary to increase the prices of the meals considerably.

The first year there was a deficit of about \$4,600 on the Dining Hall. Because the whole thing was new, and especially because a considerable number of rooms in the dormitory were that first year vacant, it was rather expected that there would be some deficit that year. It was thought, however, that with all the rooms taken in the second year, and with the advantages much more obvious, the deficit would lessen or disappear. After three months' operation it became evident that the second year would finish with another very serious deficit unless some very radical measures were taken to prevent this. In point of fact, the year ended with a deficit of about \$5,500. It was perfectly obvious that this could not go on. It would clearly be entirely wrong for any system to be adopted that provided food at less than cost; and, even if this were not an entirely erroneous idea in itself, there was no money that could meet such a conception. There were many discussions of the matter in the Dormitory Committee—which Committee consisted of students and members of the teaching force—the Comptroller's Office was consulted repeatedly, and a considerable variety of suggestions, made by students and teachers, were carefully gone over. The Comptroller and the manager of the University Dining Halls very patiently analyzed every suggestion and took advice from other experienced managers of restaurants, cafeterias, etc. It was repeatedly suggested that the amounts served and perhaps their

quality should be reduced. Analysis of this showed that there would be very little saving unless the attractiveness of the meals was so far lessened as to be really unsatisfactory and the plan would thereby defeat its own purpose by driving away clientele.

It was also repeatedly suggested that the prices be raised. This, likewise, would also most certainly lessen the clientele and also lessen the possibility of poor students using the Dining Hall, and seemed highly undesirable for that reason.

The cafeteria system was repeatedly suggested. The general view was that this would very greatly reduce the pleasant social features of the Dining Hall which have become so highly important a part of the life of the students; and, furthermore, expert advice showed that in our conditions the results from this would accomplish very little, if anything, to relieve the financial situation.

It finally came to the point where four plans seemed to offer possibilities of meeting the difficulty. One was the Club plan with dues of \$10 a year, the dues going wholly if necessary, or so far as might be necessary, to meet the deficit, and, if there should be any surplus, to use it to improve the other features of the Club such as the Library, the athletic facilities, the provision of social functions, meetings with desirable speakers from a distance, etc. The second plan was to have the students sign on for meals for a considerable period at a time, perhaps a semester, but not to be permitted to take meals unless they signed on, that is an "all or none" plan. This would give reasonably clear knowledge of the number to be served and thus would obviate one of the greatest difficulties from the financial standpoint—namely, the enormous fluctuation in the number of people who turned up for meals when, as had been the case, it was wholly voluntary whether any individual took any meals there or not. The third plan was a scheme of signing on for all three meals, or for breakfast and dinner, and, with those who could not because of their work be present at the other

meals, signing on for luncheon, with transient and casual meals served at an increased price. The fourth plan was to sign on for \$8 a week and to eat that amount or not as the student saw fit, and then to pay for any further meals taken.

There were a number of mass meetings with the students, discussions in the Dormitory Committee and the Administrative Board of the School, and with others. The four plans above mentioned were finally submitted to the students for a vote as to their preference. An overwhelming majority voted for the Club plan. The actual votes were as follows:

Club Plan	277
All or none	11
Third Plan	32
Fourth Plan	34

The compulsory elements, the essential exclusion of many men, the lack of flexibility, and the entire uncertainty whether any of them would help the financial situation were the features that made the last three plans objectionable.

An extensive investigation among the students showed that apparently the number that would be willing to sign on for the second plan was so small, and the number who said that they definitely would not sign on for it was so large, that it would make it practically impossible to run the Dining Hall. The prospects for the third and fourth plan seemed only slightly better. It appeared, therefore, quite possible that it would not be feasible to continue the Dining Hall unless it could be in some way subsidized (which is a wholly undesirable thing in providing food of course) or unless the Club plan were undertaken. The latter was, therefore, determined upon, operation to begin in the autumn of 1929.

It was left entirely optional with everyone as to whether they joined it or took their meals elsewhere. Some students suggested that everybody be forced to join it by putting the fee of \$10 on everyone's term bill. This was felt to be undesirable, as were other somewhat similar suggestions.

It has been asked whether the establish-

ment of a Club, and the very name "Club," does not carry with it the idea that some persons are excluded. That is wholly untrue in this case. All students, all the teaching force, and all alumni are eligible. The only element in it that could exclude anyone would be the \$10 fee, which some poor students would feel unable to meet. It is to be said, however, that any reasonable increase in the price of the meals that would be at all likely to meet the deficit would cost the poor students not \$10, but from \$30 to \$60 a year more than before. The Club plan made it seem possible to provide the agreeable social conditions and the excellent food for the poorer students with much less expense to them than by any other way that was suggested; this for the reason that the \$10 fee from everyone who used the Dining Hall distributed the costs over a large number, and furthermore it was likely to lead to a much more considerable actual use of the Dining Hall by many when membership had been paid for than had been the case when there had been no such impulse towards its use.

Also we now have, owing to the great generosity of the late Dr. Frederick C. Shattuck, a large revolving loan fund, and the students have been urged to use this loan fund not only to secure absolute necessities, but to include in their plans reasonable rooms and board such as are provided at the dormitory, rather than to economize to the point of undesirable food and very poor rooms. Adding \$10 to the amount they borrow would add to the interest paid on loans only fifty cents a year, and repayment can be postponed for a considerable period of years later, until such time as the men will be able to provide the money without hardship. So that during the period that they are in financial stress the poor students are now in a position where they need pay only fifty cents a year interest, not the whole \$10. Their choice otherwise was to get unsatisfactory and inadequate food somewhere else, or to pay from \$30 to \$60 a year more for food at the Dormitory had there been a rise in the

prices of meals there sufficient to meet the deficit.

It was thought at the time the Club plan was adopted that, being new, there would perhaps be at most 300 to 350 persons in the first few months who would take out membership, and that it would only partially overcome the deficit at first, but that these conditions would probably improve so that during the year it might completely meet the deficit or at least largely do so. In point of fact, the first six weeks' experience up to November 1 has been far above expectations. The number of members at the time of writing is 505. It has also been accompanied by, and apparently responsible for, a very considerable increase in the actual use of the Dining Hall, and largely increases the prospects, therefore, that the Dining Hall may become normally self-supporting. The total number of meals served up to November 1 this year was over 4,300 more than were served in the same time last year, and 'about 4,800 more than were served in 1927 in the same period. There has also been less fluctuation in the number of men eating there at different times. The number taking breakfast increased from an average of 153 last year to 177 this year; the number taking dinner increased from an average of 134 to an average of 169, whereas the number taking luncheon went from 205 to 233.

Still larger figures than these are necessary before the number of meals served will be sufficient to make the income balance the expense, but the improvement has been very marked and is likely to be still greater during the winter months. At any rate, it seems highly likely that the deficit will be entirely overcome this year, and possibly there may be some surplus of funds from the dues. If the money from the dues is in excess of the amount needed for the deficit, it will then be subject to the action of the Club members—that is, chiefly the students—as to what shall be done with the money, and consideration is being given by the House Committee of the Club to the most desirable undertakings

that might be carried out if funds become available, such as improvement of the Library facilities (the "Oliver Wendell Holmes Library" of general literature situated in Vanderbilt Hall), the improvement of athletic facilities, the provision of speakers, social functions, etc. Also if it proves that there is a consistent surplus, it would then be possible, if the students desire, to reduce the membership fee by a suitable amount instead of having money for Club activities.

The great majority of the students have joined, especially in the first three classes. Only one-quarter of the fourth-year men—namely, 63—are at present members, but many of the fourth-year men have almost no opportunity to use the building at all, because their work is continuously situated at a distance. Of the third-year class, 102, of the second-year class, 109, and of the first-year class, 111, have already become members. An unexpectedly large proportion of the teaching force have already joined, and the numbers of both students and teaching force are increasing constantly. It is anticipated that if any alumni not connected with the teaching force find it a matter of personal convenience to use the Dining Hall with considerably regularity and frequency they would take membership in order to share, as do all others, in meeting the expenses of maintenance of the Dining Hall; but as has

always been the case, alumni who at intervals take casual meals there, are welcome to that privilege without taking out membership.

One of the most important elements in the success of Vanderbilt Hall has been the great social and intellectual effect that it has had with the students; and again, one of the most important of the reasons for that has been that, since the beginning, the place has been managed almost entirely by student opinion and there has been actual student government so far as all regulations and the like are concerned. The co-operative and dignified way in which the students have met this situation has been a source of gratification to everyone. With entire freedom to invite friends, women or others, to their rooms in the afternoon, and with other forms of freedom such as are ordinarily not accorded to students, even graduate students, there have been no reasons to feel that advantage is taken of this by any students in undesirable ways; that on the contrary the student body is jealous of the maintenance of dignified standards. In this and in other ways the self-government aspects have had highly desirable effects and are very grateful to the student body. The handling of the organization as a Club seems likely to bring all the students into this same spirit of fine mutual relationship in a still more decided and a still more agreeable way.

## A Student's Statement in Favor of the Club Plan

THE following is not a student opinion in regard to the Club plan for Vanderbilt Hall, nor does it claim to be *the* student opinion. But it does claim to represent a large majority of those who daily frequent Vanderbilt Hall and especially its dining room. The basis for this claim is laid upon the outcome of the referendum of a year ago; this will be dwelt upon further below.

This time last year there was a fact: the dining hall was running at a deficit.

From this there arose another fact; this deficit must be met. The question was: how might this best be done? Unfortunately, the University, apparently, will not continue indefinitely to pay for the students' meals, and therefore they must, poor dears, feed and clothe themselves. Hence the High Powers that settle such issues met in solemn conclave and evolved several plans, all of which were distasteful to the student body. Particularly objectionable from the point of view of the peripetetic

medical student was the scheme, from which we narrowly escaped, of "signing-on" for a half or a third of the school year. This, the so-called "all-or-none" plan, would have forced us either to pay for all our meals at the dormitory, despite the fact that noonday might find us at a hospital on the other side of the city, or, on the other hand, the student who objected thus to paying for two meals, while eating one, was quite free to consider himself an exile from his dormitory dining hall and slush through the winter snow to the tempting board of a Greek "quick-and-dirty." To be sure, it is this plan upon which many of the University dining halls are run, but we do not feel that because such a system may suit Harvard College freshmen or Harvard business students it becomes any better suited to medical students.

Secondly, there was proposed the very logical-sounding scheme of raising the price of the meals to cover the deficit. Although this might seem at first glance the easiest method, on further study into the ways of the impecunious medical student it was not so considered. The chief reason for the deficit was the fact that there were not enough who ate at the dormitory. Raise the price of the individual meal, fewer eat at the Hall, the deficit increases. A good plan?

At this point the authorities turned to the students themselves. Might they not well have done so sooner? When will Faculty learn that the student is no longer an infant and sometimes has good ideas upon those subjects which vitally concern his well being? There arose from the student body the plan which is now familiar to students and graduates of the Medical School: a hall and dining room became Vanderbilt Club. We are able to state with great confidence that of all the best laid plans of mice and men, it is the club plan which is the "people's choice." A referendum a year ago, with a surprising number of voices heard, was quite impressive in its demonstration of the wishes of those who use the dining hall.

Now we find that the club plan is objected to by certain alumni and others who do not eat enough meals there to make it worth their \$10 membership fee. They find that they can no longer drop in casually with a friend or two, sociably converse and smoke over the coffee-cup, and then pay less than the cost of the meal. These are they who are least concerned in the support of the dining hall and who—at least it is the hope of the student—are better able to give such support than the student himself. Have such alumni and other objectors to the club plan a better proposal to make? Do they know of a sounder or more business-like method of meeting our problem? Then why do they keep their light under a bushel? We do not pay an extra \$10 out of the abundance of our affluence.

Is the fact that a modest membership fee is now required of the frequenters of the dormitory going to keep away alumni and friends of the Medical School who might otherwise eat there? We, as students, should regret this exceedingly. An alumnus or friend may wish to keep in touch with the medical student; even more does the student desire the contact with his older brother in the profession. At best we get all too little contact with the outside world and it would be a great loss to us if opportunities for such contact were to become fewer. But we look upon the club plan as a method of increasing, rather than decreasing, such contacts with alumni, for we harbor the malicious hope that those whom it hurts to pay the fee will, perhaps, be persuaded with the \$10 as incentive to eat more meals in the dining hall and thus get the full benefit of the ill-invested sum.

It is unfortunate that any discussion of the Vanderbilt Club evolves from the fact there was a deficit. Do the objectors realize that it arose as a financial necessity—a situation which constituted the bed of ashes from which our Phoenix has arisen? Or perhaps we should be more accurate in saying, "from which our Phoenix is striving to rise!" For although the immediate need—

hard cash—has largely been met, it cannot yet be said that the Vanderbilt Club has really as yet progressed from the level of a \$10 assessment to the level of a \$10 membership due. But this is what we hope for in the near future. It is perhaps futile to dwell upon what we hope for Vanderbilt Club: that we hope we have increased in ourselves, the students, the feeling of re-

sponsibility for the gift bestowed upon us; that we have established the basis upon which may develop an *esprit de corps* such as that with which the readers of this article are familiar in any of the clubs to which they belong; and finally, and most sincerely, that we have furthered and not retarded the aims and wishes of the builders of Vanderbilt Hall. [J. H.]

## Graduate Opinion Opposed to the Plan

By JOSEPH GARLAND, M.D. '19.

THE organization of the Vanderbilt Club at the Medical School has already served one excellent purpose, entirely aside from its effect on the deficit under which the dining hall has labored; it has shown the real interest which very many of the alumni take in the policies of the School and the welfare of the students. In so far as they are acquainted with the facts, however, and even with a knowledge of the needs which gave rise to the situation, many of the alumni have found themselves unable to give approval to the Club idea.

It is true that the alumni have no official status so far as shaping the policies of the School are concerned; it is true that the majority of them are personally unaffected by the dormitory-club situation; it is nevertheless equally true that the idea and the fact of the Dormitory emanated from their official organization and was consummated through its efforts. Many of them gave of their time and of their labors and of their material wealth, little or great as it might be, towards this idea, and in their conception of the idea neither club nor dues had any place. In their conception of the idea, a universal service to all our medical students, whether rich or poor, was uppermost. They thought only of the Dormitory as a hospitable social center of the School whose doors might always be open wide for every student to enter freely and to leave at will. This was the idea which they held and which they broadcast freely in the search

for funds; it was the idea for which many contributors gave generously. Can we now go to those contributors and say that we have kept faith with them; that the purposes and ideals of the Dormitory are to-day the same purposes and ideals which they sponsored?

It is true that there is no compulsion or exclusion to membership in the Vanderbilt Club, except that the student or teacher who, through poverty or on principle, cannot or will not pay dues is excluded from the dining hall and the athletic privileges. It is true that the students voted in favor of the club plan; but it must be remembered that this was not a free choice; they were presented with a variety of evils and chose what they thought to be the least of them. It is true that some radical step was necessary in order to meet the deficit of the dining hall; it does not seem necessary that the terms "club" and "dues" should be employed, nor does it seem proper that loss of the social privileges of the Dormitory should go with failure to join the club. The club dues, we have been told, were necessary in order to keep the dining hall solvent. There seems to the ordinary observer no intrinsic association between the financial affairs of the dining hall and the use of the squash courts and the gymnasium which Mr. Vanderbilt gave so generously for the use, as we supposed, of all the students.

We must remember, also, a not inconsiderable although comparatively insigni-

cant number of part-time clinical teachers who, in the ordinary course of events would have opportunity to use the social, athletic, and dining privileges of the Dormitory but rarely. For many of them a \$10 due is practically exclusive; for none of them does this levy seem just or reasonable when we consider again the original democratic purpose for which the Dormitory was assumed to have been created. None of these teachers, in their occasional use of the dining hall, would object to paying a reasonable restaurant charge for their meals, but to require them to pay an annual tax of \$10, or any other sum, in order to take one, two, or three meals a year at a cost slightly below normal restaurant rates is hardly reasonable. The simple idea that in order to avail themselves in any way of the Dormitory privileges they must join a club and pay dues may well be in itself sufficiently irksome to exclude many of them on a matter of principle.

It is freely admitted that some scheme

was necessary in order to permit the dining hall to run on a sound economic basis. It is granted that the Vanderbilt Club has accomplished that purpose, but it seems to the writer and to many others that it is a singularly inept way of meeting the difficulties. It flies in the face of that Harvard democracy of which we are so justly proud and for which we receive so little credit beyond our own confines; it works a frank injustice to many eligible individuals; it is contrary to the spirit of a lofty idea which was responsible for the existence of Vanderbilt Hall.

The dining hall must of course pay its way. Let those who are eligible to use it pay a fair price for their meals there, and let those who wish to do so purchase an annual ticket which will entitle them to a lower rate, but let's not call it dues to a club! Let there be a student governing board, if you will—and an excellent idea it is—but let it govern Vanderbilt Hall and not a Vanderbilt Club.

## A Student Opinion in Opposition

VANDERBILT HALL, as originally intended, was meant to become the center of student life where all might establish broad social and intellectual contacts while going about the everyday routine of student life. Obviously, the students who would benefit most would be those of moderate means or those who were actually self-supporting. Until the institution of the "Vanderbilt Club" this ideal was fulfilled to even a greater degree than was anticipated—there was but one flaw, Bowditch Hall.

The deficit incurred in operating the dining hall can be accounted for in several ways. Fluctuating attendance has seemed the salient cause. Something of the kind might have been expected during the first years, for many of the men had established the habit of "eating about" in predorm. days and didn't change readily; others, living outside, found the noon meal

the only one convenient to eat in the hall. Poor students felt the dining hall too expensive and were forced to eat elsewhere. Other more fortunate fellows, with numerous dinner invitations, found it more pleasant to accept the hospitality of various hostesses. Thus the hall depended upon the group of modest means, who ate the majority of their meals in the hall in order to obtain a discount for support. On the other hand, the fact that "eating clubs" and restaurants, which must pay rent, interest, and taxes, and that other school dining halls can serve the same type of food amid pleasant surroundings at the same or cheaper rate points to some degree of mismanagement. Subsidy or compulsory attendance seemed the only solution of the problem and four proposals were put before the students.

Of the four proposals, the "club plan" was supported highly. Many students,

those to whom expense is no problem and those who thought it most like the system in vogue, supported it wholeheartedly. Others, thinking their opinions were wanted, merely signified that the club plan was the least of the four evils—as it undoubtedly was. A third group, feeling that the cost prohibited their use of the dining hall anyway, either didn't vote or cast their vote in favor of the easiest way out.

As it turned out, subsidy of the dining hall was later masked in the guise of a highly organized "club," with officers and committees governing its function. This grew to include not only the use of the dining hall, but also that of the gym, squash courts, library, and common room. In other words, for the non-member the School was to be only laboratories and libraries without even the old students' room in which to spend odd moments or meet friends, and he can only be a "twice a month guest" when he uses the gym or squash courts, takes a girl to dinner before an Aesculapian dance, or reads the Phillips Brooks House magazines in the common room.

Financially the club plan has been a huge success. Over 500 men have joined. But is a large membership a criterion? A large number, notably residents of Vanderbilt

Hall, joined because they had to eat. One hundred and ten freshmen joined because the application was in their registration envelope. Convenience and herd instinct enticed many of those living outside. Students who wait on table, because of financial need, were forced to join, even at the cost of borrowing the membership fee from the Loan Fund at five per cent. interest. It may be noted here that this fee is not required of the waitresses or of the secretaries and technicians who eat at the "club."

Have the original purposes of Vanderbilt Hall been furthered by the plan? Only in so far as it has banded a part of the student body together as a club has it brought more cohesion, and that of doubtful value since the committees governing the club are not representative of the student body as a whole. The non-member, usually a poor student with no other opportunities for sport and social life, is left to himself, while his more fortunate fellows belong to the "club" and enjoy chatting with professors and schoolmates and keep physically fit in the gym and squash courts for strenuous mental work. Was this the intention of the friends and alumni who made the facilities for the "club" possible?

[X.]

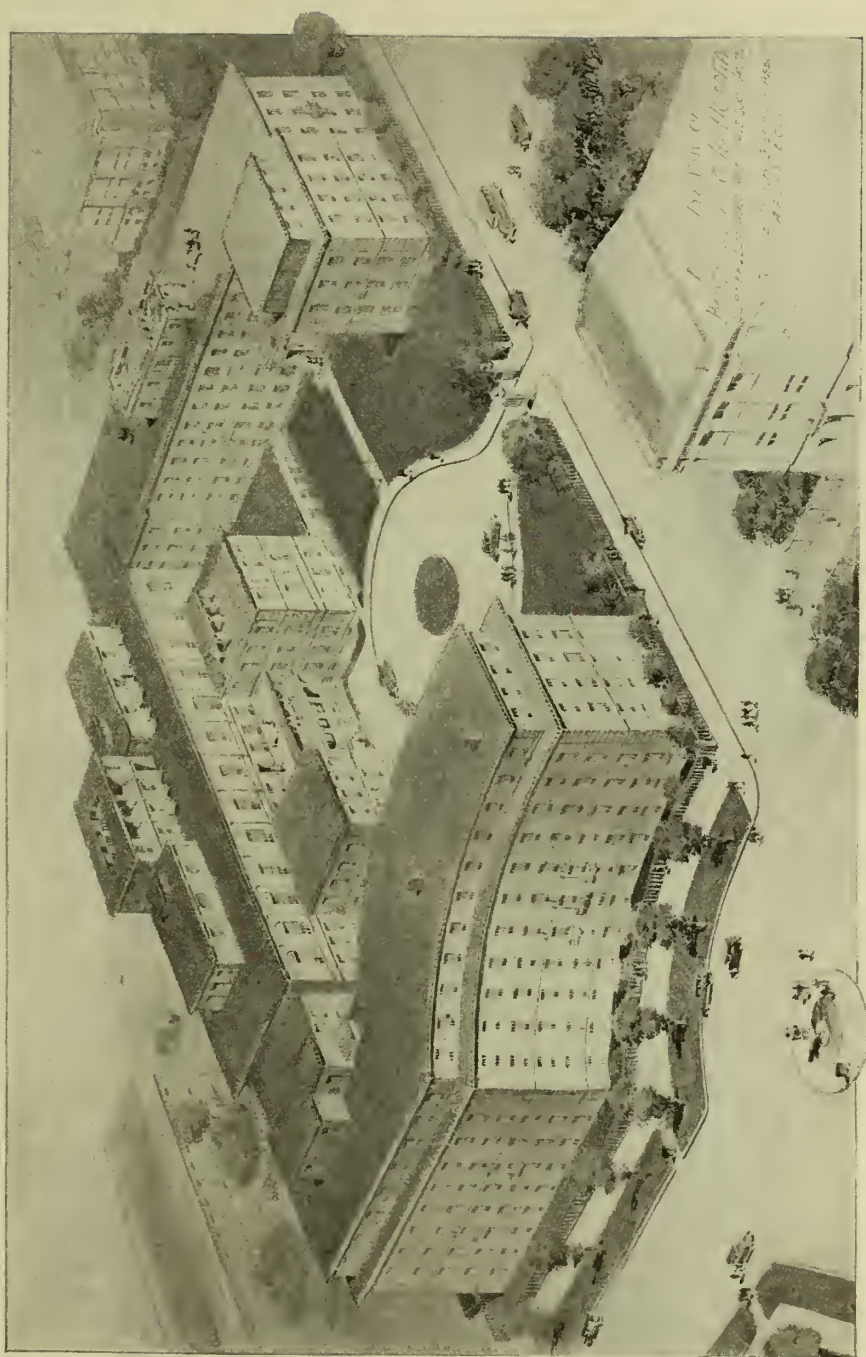
## Richardson House

BY FREDERICK C. IRVING, M.D.

THE first of the year marked the opening of Richardson House, the new wing for private patients at the Boston Lying-in Hospital. The building is named in honor of Dr. William L. Richardson, the president *emeritus* of the Board of Trustees, who reorganized the Lying-in Hospital in 1873 and has not only given many years to its service as chief-of-staff but has been on more than one occasion its generous benefactor.

The new building contains 87 beds which, with 113 already existing in the

open wards, will afford the whole institution a capacity of 200 patients. Accommodations for fifty nurses, twenty maids, and nine porters have also been provided. There are several two- and three-bed wards for which the charge will be \$6 a day. A large number of rooms are provided at \$7, \$8, and \$9 a day. Rooms at \$10 will have an adjoining lavatory, while those at \$12 and \$15 are equipped with lavatories and shower baths. Every room is supplied with running water and a clothes closet, and all are wired for telephone con-



BOSTON LYING-IN HOSPITAL

nection and radio reception. There is also an electrocardiographic outlet on each floor. It will be seen that Richardson House is designed to care for patients of moderate means as well as those who can pay for more elaborate accommodations.

The building, which occupies the corner of Longwood Avenue, and Avenue Louis Pasteur, has its separate entrance from the courtyard of the main hospital. The first floor contains a large lobby with a fireplace, an information desk, a visitors' dining room, and a guest room in which a relative of a patient may pass the night. There is also a suite of doctors' offices. The top floor provides four delivery rooms and an operating room. There is an additional labor room adapted for the use of various special methods of obstetrical narcosis. On this floor also are the cardiological, urological, pathological, bacteriological, and x-ray laboratories. In the lower part of the hospital is an animal room and laboratory.

Four new nurseries are provided on the floors below, as well as a new nursery for premature infants containing the most modern equipment for the maintenance of a constant temperature, optimum degree of humidity, and a regulated supply of fresh, filtered air. Two elevators maintain communication between the floors, and the wing is also supplied with laundry and incinerator chutes.

The building also provides the main hospital with new interne, externe, and resident quarters. A useful innovation is a guest room attached to the resident quarters which may be occupied by a physician visiting the hospital for study. A much needed addition to the main hospital is a small amphitheatre where, separated from the field of activities by a glass screen, students may witness operations and deliveries on the ward patients. The basement contains an auditorium with a normal capacity of 120, which may be increased to 140. This room will prove most useful for the instruction of students and nurses and for the reception of visitors during medical meetings. The auditorium has been equipped with the latest pieces of projection apparatus so that lantern slides, drawings, photographs, and microscopic slides may be displayed.

Many special rooms and pieces of equipment have been supplied through the generosity of individual donors, to whom the hospital owes a debt of gratitude. All the resources of the main institution are instantly available for the benefit of private patients in the Richardson House. In this way the special technical methods of a large institution may be immediately employed for the benefit of mothers suffering from any of the serious complications of pregnancy.



Left, new Nurses' Home, Children's Hospital. Right foreground, Vanderbilt Hall. Beyond, Beth Israel Hospital.

# The New Third-Year Curriculum

By JAMES HOWARD MEANS, M.D.

THE alumnus of eight or more years' standing, who during his third year in the Medical School was obliged to listen to a row of three didactic lectures five afternoons a week, as well as a daily clinical one in the morning, would be surprised, we hope pleasantly, were he suddenly to take part in the work of the third year as it is arranged at present.

For a long time there had been complaints about the third-year schedule from both students and instructors. The practical work was cut up into short bursts in uncorrelated subjects, and the long afternoon hours of lectures were most fatiguing. In 1921 the situation was somewhat improved by a quantitative reduction in total lecture hours, with the provision of two free afternoons per week. These free afternoons made possible the offering of voluntary courses and the arrangement of special advanced work for students with special interests and ability. In this way some relaxation was effected in a system heretofore so rigid that it, so to speak, had cast students to an unfortunate extent in a single mold.

The fundamental ills of the third year, however, were not cured by this quantitative change. New principles of teaching, not merely reduction in hours, were needed. Accordingly, in April, 1927, the Dean appointed a committee to study the problem and make suggestions. In December, 1928, this committee proposed a plan for an entirely new third-year schedule which was adopted promptly by the Faculty, and is now in use.

From the beginning it seemed clear to this committee that what the third year needed was a less interrupted training in general medicine and surgery, less detailed teaching in the specialties, better correlation between the specialties and major subjects, and opportunity for the students of superior ability to advance at their proper

pace. It was thought also desirable to cut down further the didactic teaching and to substitute case-teaching in its place.

In the new curriculum the lecture hours of the clinical departments are boiled down to one per day (including Saturday), and, in order to interrupt the day's practical work as little as possible, are held between 8.30 and 9.30 A. M. These six hours a week have to be shared by the several departments. By vote of the Faculty a total of 24 of them go to obstetrics, sixty-four to surgery and allied specialties, and 104 to medicine and allied specialties. Urology, orthopedics, gynecology, laryngology, and otology are the specialties considered most closely allied to surgery; pediatrics, neurology, psychiatry, ophthalmology, dermatology, and syphilology those to medicine. Interdepartmental meetings of representatives from the medical and surgical groups finally succeeded, more or less amicably, in assigning further the lecture hours as follows:

<i>Medical Group</i>		<i>Surgical Group</i>	
Medicine	60	General surgery	33
Pediatrics	11	Orthopedic surgery	8
Neurology	8	Genito-urinary	
Psychiatry	16	surgery	6
Ophthalmology	4	Gynecology	6
Dermatology }		Laryngology	6
Syphilology }	5	Otology	5

It is apparent that under such a reduced time allowance lecturers can no longer give systematic reviews of their subjects; they can but touch a few high spots. Systematic reviews students can get far better for themselves from textbooks. The best use of the lecture is to give emphasis, balance, and proportion. It should be designed to stimulate thought, not to provide the pabulum from which encyclopedic knowledge can be derived. Since the time is now precious, the departments have been obliged to confer to find ways of avoiding duplication.

The increased opportunity for practical work in medicine and surgery, however, is the chief innovation of the new third year. This is provided for by dividing the class into three equal parts, each of which spends a trimester in practical work in medicine and certain of its allied specialties, a trimester in surgery and certain of its allied specialties, and a trimester devoted to a somewhat miscellaneous group including the diseases of infancy and childhood, obstetrics, psychiatry, otology, and syphilology. The time available for this practical work is every morning from 10 o'clock on and Monday and Wednesday afternoons from 2 until 5. As this part of the course is clinical, it is conducted exclusively in hospitals.

In the medical and surgical trimesters the students, in sections of nine or less, spend three alternate mornings a week examining patients under the direction of an instructor in the medical or surgical outpatient departments of the several hospitals. The other three mornings are spent in similar work in some of the allied specialties. The two afternoons are spent in ward medicine or ward surgery, in combined sections of eighteen or less.

Of the remaining trimester, half is devoted to the diseases of infancy and childhood. An excellent and novel program for these five weeks of continuous study has been worked out at the Children's Hospital through the coöperative effort of the departments of pediatrics, surgery, and orthopedic surgery. Interdepartmental walls have been broken down, and students have the advantage of getting all their training in the ills of children at one time, without regard to whether these ills are chiefly medical or chiefly surgical. In this way a better balanced knowledge of the care of sick children is bound to result.

Two weeks of this trimester are devoted to obstetrics, and the rest of the time is divided between otology, psychiatry, and syphilology. The first of these properly belongs in the surgical trimester and the last two in the medical. They could not

be placed there, however, for the practical reason that these trimesters were already full.

There remain for consideration Friday afternoons. These are spent by the class *en masse*, first at Dr. Rosenau's lectures on preventive medicine, and then at an amphitheater exercise at which patients are shown for the purpose of provoking discussion of the prevention of disease, not for diagnosis and treatment. These latter exercises were originated by the Dean, who had been impressed with occasional exercises of a similar sort given at Vanderbilt University. They have been arranged jointly by Drs. Rosenau and Aub, and the object is to give the student a better idea of the public health responsibilities of the practitioner and of the mutual dependence of the health officer and the clinician, from the point of view of the community. Some of the topics that have been selected for discussion of this sort are:

How to prevent small diseases from turning into big ones.

Fatigue, physical and mental.

Mental hygiene.

Prevention of heart disease.

Prevention of industrial disease.

Obesity and malnutrition.

Goiter prophylaxis.

Dental hygiene.

Of course such a curriculum as this is experimental and the result is not yet at hand. It is a step in the same direction as other schools have taken and it seems to offer much. Johns Hopkins has given up all didactic teaching in clinical subjects. For conservative Harvard this seemed too long a leap, but under the present regime there is at least more elasticity than under the old. Instructors have a freer hand in planning work and are able to take fullest advantage of the material their hospitals afford. They also have better chance to discover students' peculiarities and special needs and to help them in the ways they most need. Superior students can be allowed more readily to progress at their own pace, unhampered by their less brilliant mates.

Furthermore, the third-year course as now arranged permits the greatest freedom, without any formal changes in the curriculum, in developing year by year increasing coördination of work between medicine and surgery and between both of these subjects and the specialties.

From time to time the charge has been brought that the School overstresses laboratory work and research to the detriment of

the development of clinical skill. While, in the writer's opinion, this is not merited, it is true that too much time was spent upon nosology and the didactic description of disease, and not enough on the actual observation and care of the patient. The present fourth year, with its extensive clerkship, gives a well-balanced clinical experience. The new third year, it is expected, will do the same in a somewhat more guarded way.

## Graduate Teaching at the School

By DR. FRANK R. OBER, ASSISTANT DEAN IN CHARGE OF COURSES FOR GRADUATES.

GRADUATE teaching in medicine has been carried on in Harvard University for many years. In the early days it was rather informal in character. Medical students were encouraged to continue their studies beyond the regular curriculum prescribed for the degree of doctor of medicine and were offered opportunities to undertake research.

On November 29, 1872, the Faculty approved a comprehensive plan for the establishment of "a special course for physicians." This course of study was announced in the official Catalogue of the University. The purpose of that course was to give physicians an opportunity to do more extensive work in the laboratories and clinics than had existed before. The program outlined courses in physiology, medical chemistry, pathology, surgery, and some of the specialties.

In 1911, on recommendation of the Faculty of Medicine, the Graduate School of Medicine of Harvard University was formally organized with a separate Dean and Administrative Board. That organization assumed charge the following year.

In the spring of 1919 the Faculty of the Medical School thought a closer relationship of the undergraduate and graduate schools was advisable, so the Faculty voted to recommend to the Corporation that all instruction previously given under the Graduate School of Medicine should be

grouped as "Courses for Graduates." That action was approved by the Corporation and became effective with the fall term in 1919. The Graduate School has grown from four students in 1872 to over 500 during the past year.

The general plan is to offer adequate opportunities to those who feel the need of reviewing past work and to those who wish to keep abreast of the recent advances in medicine and surgery. There are also courses offered for those who are interested in special subjects, and excellent opportunities for advanced study and research in medical sciences are available to those who are properly qualified.

An extension course is now being given at Worcester, and one is being planned for Pittsfield. On January 1 a new four-months' course in medicine began—the first month to be at the Massachusetts General Hospital and the three following months at the Boston City Hospital. Shorter courses in some of the specialties are also scheduled for the near future. The one-week intensive fracture course, held from October 7 to 12, was attended by 119 men.

The present admission requirements were adopted on November 2, 1928, as follows:

1. Graduates of Class A Medical Schools.
2. Graduates of Class B Medical Schools by vote of the Administrative Board. These men shall be investigated for their standing in their

communities, and their membership in medical societies, as well as for the type of work they wish to pursue.

3. Graduates of Class A Dental Schools who wish to perfect themselves in oral surgery or other aspects of dental work in which certain medical courses would be obviously advantageous. Applicants under this heading must present special qualifications and be acted upon individually.

4. Teachers in schools, etc., properly qualified to enter laboratory courses.

5. Medical undergraduates properly qualified to enter summer laboratory courses.

6. Those properly qualified to enter certain special courses for technicians, physio-therapists, etc.

The men who wish to take the longer courses, similar to the orthopaedic post-graduate house officer course, and the longer course in Pediatrics, must be men from Class A schools, except under very exceptional circumstances. Practitioner courses and other short courses are open to graduates of Class B schools, with limitations as shown in paragraph two above.

## The New England Deaconess Hospital

BY SHIELDS WARREN, M.D.

**D**URING the past 34 years our neighbor, the Deaconess Hospital has grown from its twelve beds in a Massachusetts Avenue house, where the superintendent slept in a corner of her office and the lone clinical thermometer was a much prized possession, to the present group of modern buildings at Deaconess and Pilgrim Roads. The Deaconess Association, of which the hospital has been a unit, grew by a process of accretion, meeting needs as they arose. This resulted in the development of a heterogeneous group of organizations but little related, a group whose activities were relatively difficult to correlate and to keep functioning smoothly and at highest efficiency. These supposedly coördinate institutions were the Deaconess Hospital, the Palmer Memorial Hospital, the Nurse Training School, the Convalescent Home in Attleboro, the Home for the Aged in Concord, and the Health Home for Children in Natick.

On January 1 of this year the hospitals and the training school became a single unit. Thus the Deaconess with its 185 beds, and the Palmer with its 75, form a 260 bed hospital with which is affiliated the Nurse Training School. While the hospital is not directly affiliated with the Medical School, and is used for systematic teaching only in the post-mortem work of the

second year pathology course, many of the members of the staff are also instructors at the Medical School. The hospital is not adapted for undergraduate instruction since there are no public patients of the hospital, in the ordinary sense, but all are the private patients of the various members of the staff. This has two advantages; first, the patients are unusually intelligent and coöperative in any measures for their welfare, and second, many unusual and interesting cases are present owing to the large proportion of referred cases.

This means that the Deaconess Hospital is peculiarly adapted for a research center. Through the gift of Mr. George F. Baker, establishing the Baker Clinic for Chronic Disease at the hospital, the facilities for the study of chronic disease have been greatly increased, and when the new building planned to house the Baker Clinic is erected, in addition to increasing the bed space of the hospital there will be unusual facilities for research on this very serious problem.

Much of the work at the Deaconess Hospital is focussed on diabetes and on thyroid disease, whereas the Palmer Memorial is chiefly devoted to malignant disease. In fact, with the exception of the State Hospital at Pondville, the Palmer Memorial is the largest hospital in New England devoted primarily to cancer. Not only are

there facilities for diagnosis and treatment of early cases of the disease, but advanced cases are treated as well. Emphasis is laid on the rehabilitation so far as possible of the advanced case, and an attempt is made through palliative treatment to enable even the patients with metastatic secondary growths to return to their homes or communities for periods of comfort and usefulness. In this way it is possible to serve far more patients than the hospitals bed-capacity would otherwise permit.

In a hospital of the type of the Deaconess, research and graduate instruction must always overshadow the undergraduate instruction. Nevertheless the interests of both hospital and School are closely related. Thus the clinical laboratory of the hospital is fortunate enough to be a proving ground for new methods developed in Dr. Folin's department. Insulin in diabetes, iodine in hyperthyroidism, and other new therapeutic measures as they are developed are early tried out at the Deaconess Hospital.

Of no little interest is the coöperation exemplified by the various hospitals attacking the cancer problem. Thus, the staff of the Palmer includes many of the members of the staff of the Huntington Hospital, of the Tumor Clinic at the Massachusetts Gener-

al Hospital, and of the Pondville State Hospital. The radium of the Palmer Memorial is pooled with that of the Massachusetts General and the Huntington at the latter hospital, and emanation is supplied through the plant at the Huntington.

The close relationship of the laboratories of the Deaconess and Palmer Memorial Hospitals with those of the other institutions permits continuity in the study of a cancer case from the very day the diagnosis of cancer is made until an end result is reached either through cure or by death. Thus, if, for example, a specimen of a tumor is sent in from a patient at Greenfield or Provincetown to the State Tumor Diagnosis Service and the patient is later referred to the Huntington Hospital, the Palmer, or Pondville for temporary or permanent care, the description of that tumor is on file in either the Huntington or Palmer laboratory and the record is available for a complete analysis of the damage which that particular tumor caused. The specimens are all diagnosed by the same pathologist and a system of cross indexing insures a complete follow-up. The unity of control and the coöperation exemplified by a system such as this are a striking advantage to those associated with the School who are interested in the furtherance of programs of research.



View from the Medical School looking West along Longwood Ave. Left foreground, Children's Hospital. Middle distance, new Doctors' Office Building. Right, new Nurses' Home, Children's Hospital.



In middle foreground the new Contagious Ward at the Children's Hospital. At the left the School of Public Health, formerly the Infants' Hospital. In the foreground the Children's Hospital Pavilions. At the right, beyond the new building, the Carnegie Nutrition Laboratory, and still further the Palmer Memorial Hospital.

### THE TREASURER'S APPEAL

Doubtless many alumni are not aware of the facts concerning the expenditure of money received from subscriptions paid in to the treasury of the Harvard Medical Alumni Association. Running through the reports of past treasurers, one finds a pathetic balance at the end of each year, constantly in red figures. If it had not been for the generosity of a few far-sighted alumni, this association would have been completely bankrupt some years ago. However, this Alumni Association serves a definite purpose, and in order to carry on we are in constant need of funds. The expenditures we are called upon to meet are:

1. The salary of a part-time secretary.
2. The cost of printing and mailing the appeals.
3. The cost of printing and mailing the BULLETIN to all the alumni, whether contributors or not.
4. The salaries of Alumni Assistants in the Medical School.

One thousand appeals were mailed to alumni in September, and to date funds have been received insufficient to cover the annual salary of our part-time secretary.

The response has been good, but let us make it better. All alumni who have already received appeal cards and have not yet donated are urgently requested to respond. It is neither compulsory nor obligatory, but a gentlemanly request is made. With this issue of the BULLETIN the second appeals are being mailed, and it is hoped that a generous response will be elicited on the part of all. If anyone does not receive a request and desires to contribute, send the check along with a note, giving the full name and present address. Last year 31 per cent. of the alumni contributed, and this year we trust that more will avail themselves of this opportunity.

The improvement of the BULLETIN is entirely dependent upon the cash received. The improvement in advertising receipts is likewise dependent upon the character of the BULLETIN. In order to accomplish our aims, each alumnus is asked to contribute his share.

AUGUSTUS THORNDIKE, JR.,

*Treasurer,*

319 Longwood Ave.,

Boston, Mass.

## NOTICE

There will be a dinner of the Massachusetts General Hospital Alumni Association at the Harvard Club of Boston on Thursday, February 27, at 7.30 P. M. This will be the first of these dinners to be held since 1927 and will follow the afternoon exercises dedicating the Baker Memorial Building at the hospital. It is hoped by the Committee that a record number of alumni will be present, and arrangements are being made for what should be a most enjoyable evening.

CHARLES A. PORTER,  
*President.*

## THE CLASS OF 1904 FUND

To the Editor of the BULLETIN:

Last June, on the occasion of its 25th anniversary, the class of 1904 presented a sum of \$7,000 to the Medical School as the nucleus of an alumni fund. This is a relatively small sum but we hope that succeeding classes will each contribute as much as possible so that in the course of a few years the sum will be of a considerable size. It is stipulated that only the interest of this money can be used, so that it is, of course, necessary to accumulate a large sum in order to have any great amount of money

for the use of the School. From various sources we have accumulated about \$800 more and before long hope that this will amount to \$1,000. This we also intend to give to the School and on the occasion of our 30th anniversary we propose to make the total sum \$10,000. We are, therefore, still trying to get additions to subscriptions already made and endeavoring to get those who have not subscribed to give something.

We mention these items not so much to advertise our class as to advertise the fund we have already started.

J. D. BARNEY.

Boston.

## PRINCE MAHIDOL OF SIAM

To the Editor of the BULLETIN:

I noticed in your latest BULLETIN a notice of the death of Prince Mahidol of Siam. Last winter, while I was in Bangkok, he took my wife and me under his special charge and showed us the sights of that fascinating city.

He was deeply interested in the future of his country, especially in medicine. He was also keenly interested in the actual practice of medicine and told me he wished that he could engage in private prac-



View on Longwood Ave. Right to left—Vanderbilt Hall, new Nurses' Home of the Children's Hospital, new Doctors' Office Building.

tice among the common people. Only the fact that he was heir to the throne deterred him from doing so.

He was a devout Buddhist, and one day he took us to the famous Temple of the Emerald Buddha and explained the religion to us. As we were about to leave, he turned to me and said: "You know I am a faithful worshipper of Buddha and I hope you won't mind if I say a few prayers to him."

His talks about the future of medicine, the welfare of his people, and his hopes

for them, made me think that, after all, there is not a great deal of difference between a faithful follower of the teachings of Buddha and a follower of Christ.

His death is a very serious loss to the flourishing little country of Siam and the class of 1928 has lost a man who, if he had lived, would have played a large part in the new relations between the Far East and the West.

CHARLES S. CURTIS, M.D. '13.  
Grenfell Mission Hospital,  
St. Anthony, Newfoundland.

## Statistics of the Class of 1910

Total Number—50.

### 1. *Type of Practice.*

- Surgery—9.
- Internal Medicine—9.
- General Practice—8.
- General Medicine and Surgery—3
- Gynecology and Obstetrics—4.
- Research Teaching and Laboratory Work—5.
- Pediatrics—2.
- Psychiatry—2.
- Orthopedics—1.
- Ophthalmology—1.
- Roentgenology—1.
- Public Health Administration—1.
- Medical Director Insurance Company—1.
- Industrial Medicine and Surgery—1.
- General Medicine and Roentgenology—1.

### 2. Married—46.

Single—2.

Widower—1.

### 3. Number of children—81.

John W. Abbott, M.D., 18 Chestnut St., Worcester, Mass. Medical Director, insurance company. Married.

Hans Barkan, M.D. Office, 490 Post St., San Francisco; home, 3653 Jackson St., San Francisco. Practice limited to diseases of the eye. Visiting ophthalmologist, Stanford University Hospital; visiting ophthalmologist, San Francisco Hospital. Married. Assistant Professor of Ophthalmology.

L. W. Bortree, M.D., 312 Ferguson Bldg., Colorado Springs, Colo. Internal medicine. On the staff of the Glockner Sanatorium, Bethel Hospital, National Methodist Sanatorium, and Sunnyst Sanatorium, all of Colorado Springs, Colo. Married.

George F. H. Bowers, M.D., 156 Woodward St., Newton Highlands, Mass. General practice. Staff of Newton Hospital. Married.

Howard W. Brayton, M.D., 179 Allyn St., Hartford, Conn. Pediatrics. Assistant visiting pediatrician, Hartford Hospital; consulting pediatrician, Manchester Hospital, Bristol Hospital, and Meriden Hospital. Widower.

Alexander M. Burgess, M.D., 454 Angell St., Providence, R. I. Internal medicine. Visiting physician, Rhode Island Hospital; physician-in-chief, tuberculosis department, Providence City Hospital. Visiting pathologist, Providence City Hospital. Visiting Physician, Miriam Hospital. Medical Director and Assistant Professor of Biology, Brown University. Married.

Peter P. Chace, M.D., 122 Waterman St., Providence, R. I. Surgery. Assistant visiting surgeon, Rhode Island Hospital. Married.

Harry C. Clarke, M.D. Home, 15 Brookhouse Drive, Clifton, Mass.; office, 183 North Common St., Lynn, Mass. General practice. Member of the Ninon Hospital Corporation. Courtesy member of the Lynn Hospital staff. Married.

George B. Corcoran, M.D., 84 Park St., West Springfield, Mass. General medicine and surgery. Surgeon, Mercy Hospital, Springfield, Mass. Married.

Thomas E. Cunningham, M.D., 847 Massachusetts Ave., Cambridge, Mass. General practice. Married.

George David Cutler, M.D. Home, 415 Beacon St., Boston; office, 66 Commonwealth Ave., Boston. Surgery. Associate surgeon, Children's Hospital, Boston; chief surgeon, Milton Hospital, Milton, Mass.; lecturer in children's surgery at Tufts Medical School. Married.

Charles Dane, M.D., 61 Scotland Road, South Orange, N. J. General surgery. Attending

